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LINES

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EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
ATTORNEY DOCKET NO. 50084.0001 EXPRESS MAIL LABEL; ER739322805US

Paradux - [Form: app.eScenario (All Data Entry)]

Stroke Scenario: 1

Presentation

A 55 yo man awakens with numbness and weakness on the R side. He has never had this symptom before. He had gone to bed 6 hours earlier. Spouse calls 911. Pt arrives in ED 20 minutes later.

Initial Evaluation

Med Hx: negative. Habits: smokes 1pd; moderate alcohol. Meds: none. Exam: BP is 172/100. Moderate R sided weakness and sensory decrease. Mild expressive dysphasia. NIHSS = 8. Dx Studies: Lab: wnl for CBC, PT, PTT, glucose. CT of brain: negative. EKG: LVH. Initial Awareness of Sx to Now: = 90 minutes.

Info Key: ☐ All New ☐ All Old ☐ Old and New

Please Answer:

☒ Yes ☐ No

☐ End ☐ Next ☐ Previous ☐ Save

Would you give Intravenous tPA?

Yes No

From: app.eScenario (All Data Entry)

Looks up answer
in the table:
Scenario.db

Saves to the table:
StoredAnswers.db

Looks up answer
in the table:
Scenario.db

Figure 1

Paradox - [Form : app.eScenario.Is] [Data Entry]

File Edit Database System Help

Stroke Scenario: 4

Presentation

On general physical examination, a 66 year old man was noted to have 5 mm of anisocoria with the small 3 mm pupil on the left. The right pupil did not react to light. There is no ptosis. Ocular motility was full. The pupillary inequality was noted by the patient for one week. The eye examination and general neurological examination were normal. The patient had no history of previous surgery or serious

Initial Evaluation

One drop of 1% pilocarpine was placed in each eye. Thirty minutes later the right pupil was 8 mm and the left was 2 mm.

Info Key: ☐ All New ☒ All Old ☐ Old and New

Please Answer:

☒ Yes ☐ No

Does the patient have a right third nerve palsy?

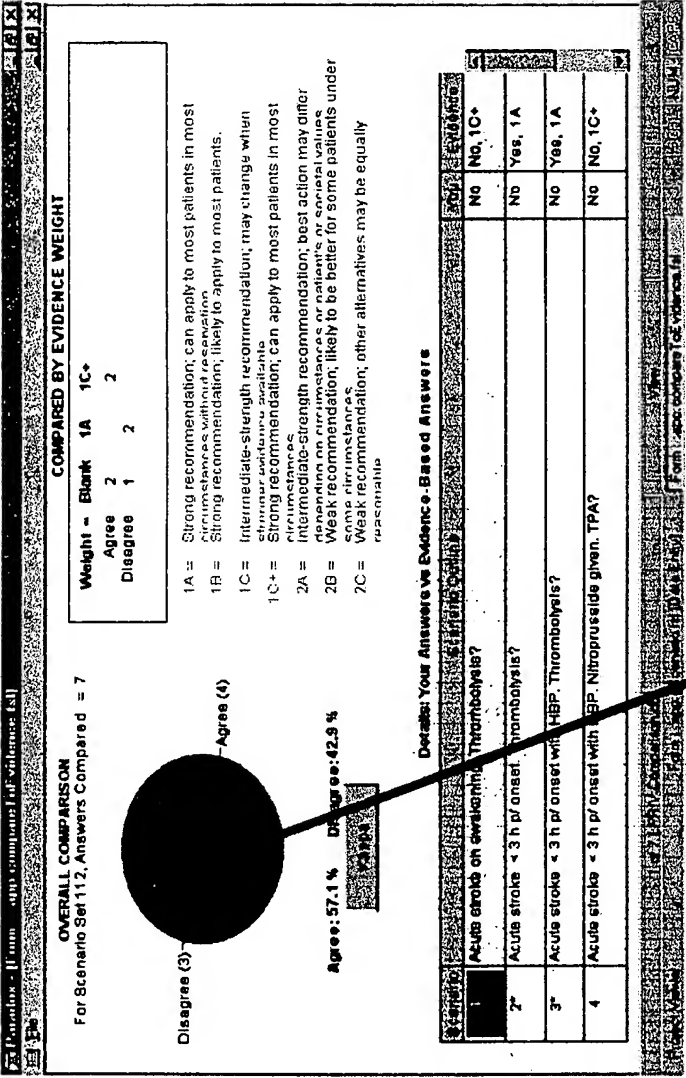
Form: app.eScenario.Is [Data Entry]

File Edit Database System Help

Compares answers in the tables:
Scenario.db and StoredAnswers.db

Figure 2

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Calculates kappa, based on answers in the tables:
Scenario.db and StoredAnswers.db

Figure 3

Calculation of Kappa Score

$$\text{Kappa} = (\text{P}_{\text{observed}} - \text{P}_{\text{expected}}) / (1 - \text{P}_{\text{expected}})$$

Opinion1

	Yes	No
Opinion2	YY	NY
	YN	NN

```

TotalTally = YY+NN+YN+NY
TotY2 = YY+NY
TotN2 = YN+NN
TotY2% = TotY2/TotalTally
TotN2% = TotN2/TotalTally
TotY1 = YY+YN
TotN1 = NY+NN
TotY1% = TotY1/TotalTally
TotN1% = TotN1/TotalTally
ExpectedChanceAgreement = (TotY2%*TotY1%)+(TotN2%*TotN1%)
if ExpectedChanceAgreement = 1 then
  Cannot calculate Kappa. Expected chance agreement = 100%
endif
kappaScore = (((YY+NN)/TotalTally)-ExpectedChanceAgreement)/(1-ExpectedChanceAgreement)
  
```

Figure 4

eScenario presents the user with a clinical situation

The white page is separated by a horizontal line. The scenario is presented above the line.

Questions requiring Yes-No answers appear below the line.

☐ Yes ☐ No

Would you do X ?

Figure 5

EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
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Presentation

This is information about the clinical presentation.

Initial
Evaluation

Information about the initial evaluation: exam, lab, imaging, etc.

Course

Information about the subsequent clinical course

☐ Yes ☐ No

Would you do X ?

Figure 6

Presentation

This is information about the clinical presentation.

Initial
Evaluation

Information about the initial evaluation: exam, lab, imaging, etc.

Course

Information about the subsequent clinical course



Yes



No

Would you do X ?

Figure 7

EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
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Presentation

Initial
Evaluation

Course

Yes No

Scenario - Evidence

Scenario: 4

Scenario Summary: Acute stroke < 3 hr onset with HBP. Nitroprusside given. TPA?

Evidence-supported decision: No

Evidence weight: 1C+

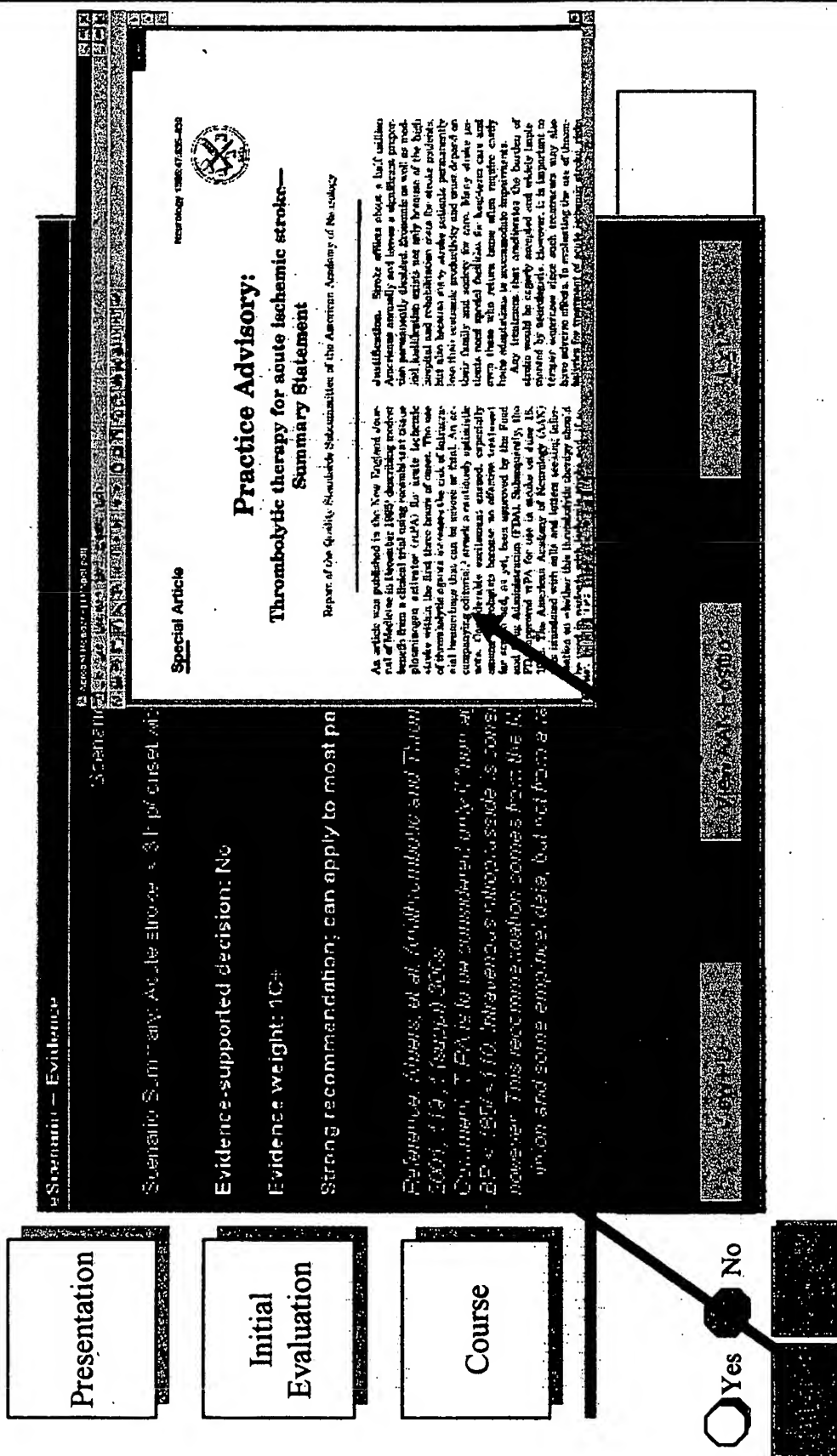
Strong recommendation; can apply to most patients in most circumstances

Reference: Adams, et al. Intravenous and Thrombolytic Therapy for Ischemic Stroke. Chest 2000; 119: 1244-1250.
Comment: TPA is to be considered only in "non aggressive" BP treatment is adequate to lower BP < 195/110. Intravenous nitroprusside is considered "aggressive." A labelant would be ok however. This recommendation comes from the KIMOS TPA study. It is derived from expert opinion and some empirical data, but not from a randomized controlled trial.

g, etc.

Clicking the Evidence button opens a window to view the evidence-based answer, including the strength of the evidence, the Practice Guideline reference, and a comment.

Figure 8



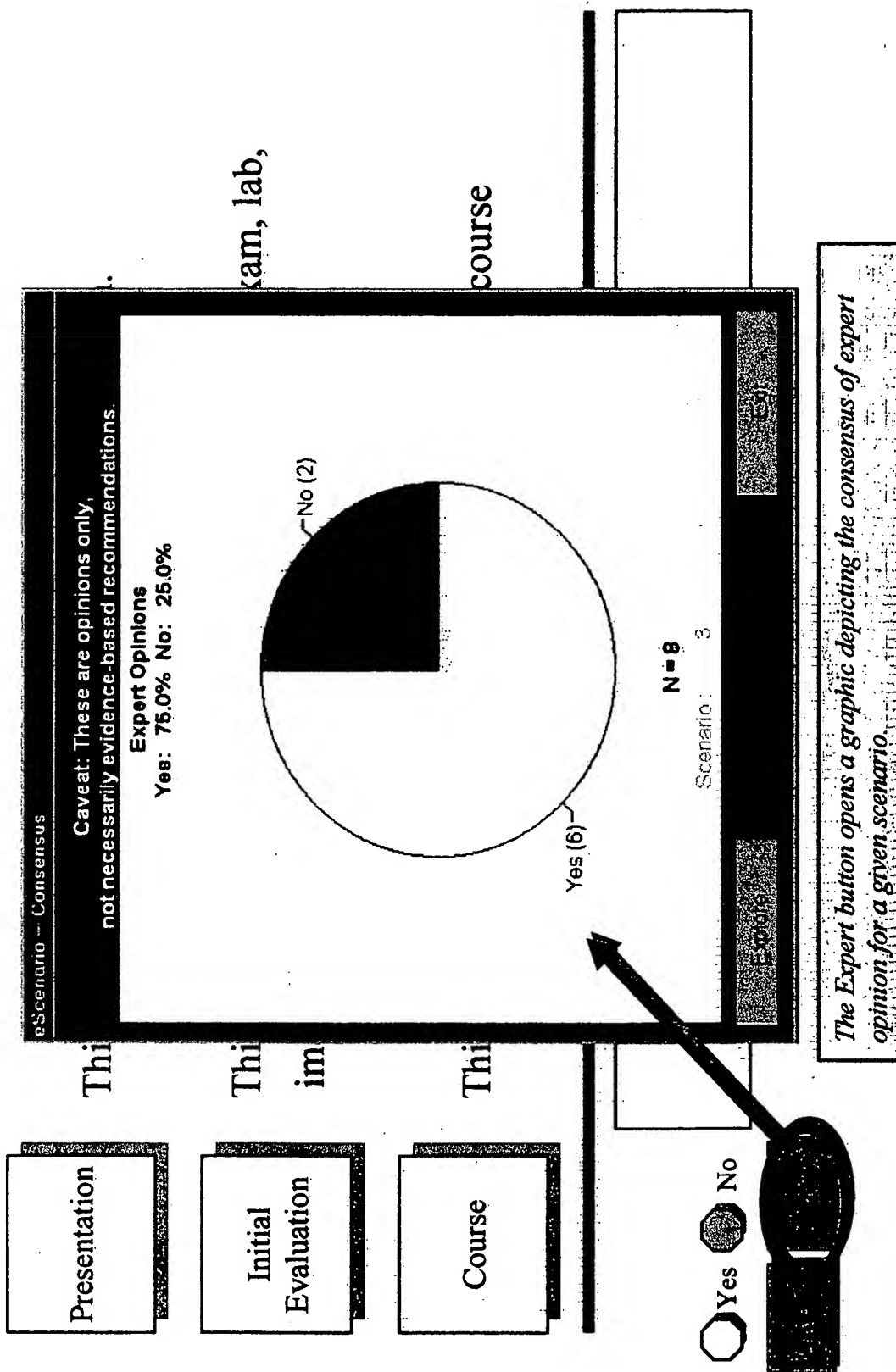


Figure 10

Presentation

This is information about the clinical presentation.

Initial
Evaluation

This is information about the initial evaluation: exam, lab,
imaging, etc.

Course

This is information about the subsequent clinical course

Would you do X ?

☐ Yes

☒ No

Figure 11

EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM

ATTORNEY DOCKET NO. 50084.0001 EXPRESS MAIL LABEL: ER739322805US

Presentation

Initial
Evaluation

Course

This

This
imag

This

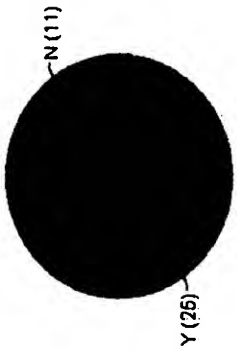
Yes No

Yes No

Yes No

Yes No

AGREEMENT WITH EXPERTS
Scenario Set 88, Answers Compared = 36



Agree = 69.4 % Disagree = 30.6 %

Details: Your Answers vs Expert Answers

Scenario	Scenario Question	Your Answer	Expert Answer	Mod Score
1	Acute stroke awakening. Thrombolysis?	Yes	No	00.0 %
2	Acute stroke < 3 h p/ onset. Thrombolysis?	Yes	Yes	100.0 %
3	Acute stroke < 3 h p/ onset with HBP. Thrombolysis?	Yes	Yes	75.0 %
5	Patient just out of time window. Thrombolysis?	No	No	12.5 %

Figure 12

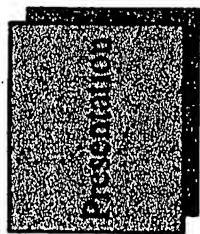
This is information about the clinical presentation.

This is information about the Initial evaluation: exam, lab, imaging, etc.

This is information about the subsequent clinical course

Would you do X?

Figure 13



This is information about the clinical presentation.



New, new, new...



This is partly new information about the subsequent clinical course



Would you do X ?



Figure 14

Figure 15